The Health Impact of Restricting Public Funds for Abortion October 10, 1977–June 10, 1978

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Abstract: The Center for Disease Control (CDC), Atlanta, Georgia implemented an eight-month prospective surveillance system in 24 hospitals distributed among states with and without public funding for abortion. Out of 3,157 visits for abortion-related complications, only 10 women gave a history of non-physician or self-induced abortion and none were Medicaid recipients. The small number of hospitals located in non-funded states and the smaller numbers of women served in these hospitals than in the funded states limited the power of our study. Women living along the Texas-Mexico border appeared more likely to have complications after illegal abortions than women from other areas of the country. (*Am J Public Health* 69:945-947, 1979.)

After August 4, 1977, federal Medicaid funds were restricted for abortion, except in certain situations. In fiscal year 1977, 295,000 abortions had been financed by federal funds through the Medicaid program;[1] thus, approximately 300,000 women might have been affected by this change in funding policy. The Center for Disease Control (CDC) undertook a project designed to monitor the health effects of this funding restriction.

In 1972, the year prior to the United States Supreme Court decisions, illegal abortion had been responsible for 39 deaths nationwide, whereas five years later only two fatalities resulted from illegal abortion.[2, 3] We hypothesized that this favorable public health trend might be reversed if a large percentage of Medicaid-eligible women resorted to the options of self-induced or non-physician-induced abortion.

Methods

We collected prospective surveillance data between October 10, 1977 and June 10, 1978 from 24 institutions located in 14 states and the District of Columbia. We used four criteria to choose institutions:

- performing of more than 1,000 abortions in 1976,
- having a large obstetric acute care facility,
- either serving a high proportion of Medicaid-eligible women, or being located in regions where previous Medicaid-associated complications had occurred, and
- agreeing to report abortion complications on a regular basis. Seven additional solicited hospitals were not able to provide regular data.

Institutions were classed as "funded" if they were located in states which funded abortions under broad medical indications or "non-funded" if they were located in states which funded abortions only in circumstances where the pregnancy endangered the life of the woman, resulted from rape or incest, or might result in long-lasting health damage to the woman.

The number of women with abortion complications treated by the institutions the previous week were reported weekly to CDC. Age, race, source of the abortion, gestational age at the time of the abortion, and Medicaid status of the woman were also reported. We defined abortion complications to include any illness related to an induced or spontaneous abortion that caused a woman to come to the acute care facility; in general, they were categorized under HICD-A code numbers 640-646.[4]

To determine the secular trends in abortion complications before funding restrictions, we conducted a chart review at 19 of the 24 participating institutions.* Data were collected by CDC staff from all hospital admissions for abortion complications between January 1 and December 31, 1977, and included the same variables as the reported data.

Results

From the prospective surveillance, 3,157 abortion-related complications were reported. Twenty-seven per cent of all women were Medicaid-recipients. Women from institutions in non-funded states were slightly younger, more likely to be white, had a slightly greater percentage of complica-

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*We were unable to conduct the chart review in five institutions either because their administration felt it might invade patient privacy or because their medical record system did not allow retrieval of charts by the H-ICDA code numbers. Of the five institutions with no chart review, three were in non-funded states, while two were in funded states.

TABLE 1—Characteristics of Women with Abortion Complications by State Funding Status, October 10, 1977–June 10, 1978

	Funded	Non-Funded
Total Number	2407	750
Mean Age	24.6 yrs	23.8 yrs
Race		
White	47%	57%
Black & Other	53%	43%
Category of Abortion		
Induced	20%	23%
Spontaneous	80%	77%
Mean Gestation	11.0 wks	11.7 wks

tions after induced abortions, and a significantly later mean gestational age than women from institutions in funded states (Table 1).

Of the 3,157 complications prospectively reported through our hospital surveillance system, seven occurred to women who gave a history of having illegally induced procedures. In three other instances, women were unwilling to name the source of their abortion; we assumed these women also underwent an illegal or self-induced abortion. None of these 10 complications occurred in women reported to be a Medicaid recipient. No abortion deaths related to either illegal or legal abortion were detected through the reporting system.

Eight of the 10 complications after illegal abortion were reported from hospitals along the Texas-Mexico border. Six of these eight women were Hispanic. The proportion of reported complications from illegal abortions from institutions located along the Texas-Mexico border was nearly 75 times higher than the proportion in states which were continuing public funds *and* were not located along the border (Table 2). The proportion of complications due to illegal abortion did not differ significantly between institutions located in non-funded states not along the Texas-Mexico border and institutions in funded states.

Institution in funded and non-funded states did not significantly differ in the proportion of Medicaid-eligible women with abortion complications. Moreover, institutions in non-funded states did not experience any significant increase in the proportion of Medicaid-eligible women with abortion complications during the eight months of observation.

In non-funded states, Medicaid women with complications after legally induced abortion had a 1.9-week later mean gestational age than their counterparts in funded states ($p \cong 0.07$). Moreover, Medicaid-eligible women in non-funded states had a 2.4-week later mean gestational age than non-Medicaid-eligible women in the same state ($p < 0.01$); in funded states, Medicaid-eligible and non-Medicaid-eligible women had similar mean gestational ages (Table 3).

Analysis of data from the chart review for the calendar year 1977 yielded findings similar to those obtained from surveillance. Of 3,087 admissions from abortion complications, 13 occurred either after illegal abortion or in patients who refused to name the source of the abortion. Nine of these 13 complications occurred in the single institution along the Texas-Mexico border in which chart review was conducted. The other four complications occurred in institutions located in states which were providing public funds for abortion at the time. In five of the seven institutions in non-funded states where chart review was performed, the percentage of abortion complications in Medicaid-eligible women increased after public funds were restricted; in two such institutions the percentage decreased. None of these temporal differences was statistically significant. Medicaid-eligible women in non-funded states who were hospitalized for complications after legally induced abortion had a later mean gestational age after the funding cutoff than before, although this difference was not significant. Thus, the data gained from the chart review tended to support the findings from the prospectively reported data.

Discussion

In this selected sample of institutions, restriction of public funds for abortion did not cause enough Medicaid-eligible women to choose non-physician or self-induced abortion so that we could detect such an occurrence.

Factors beyond our control affected the number of observations we were able to collect from non-funded states and thus limited the power of our study. We attempted to get

TABLE 2—Ratio of Reported Abortion Complications after Illegal Abortion, by State Funding Status and Location of Institutions, October 10, 1977–June 10, 1978

Category	Total Abortion Complications	Illegal Abortion Complications	Ratio	RR[2]
Funded	2407	1	0.4	1.0
Non-Funded, Non-Texas Border	493	1	2.0	4.9 (0.4–59.5)
Non-Funded, Texas Border	257	8	31.1	74.9 (26.2–213.9)

[1]Reported illegal abortion complications per 1000 reported total complications.

[2]Risk of reported illegal abortion complications compared to "expected" level in funded states. 95% confidence intervals in parentheses; where they do not overlap 1.0, results are significant at the $p < 0.05$ level.

TABLE 3—Mean Gestational Age[1] for Women with Complications after Legally Induced Abortion, by State Funding Status and Patient Medicaid Status, October 10, 1977–June 10, 1978

Medicaid Status	State Funding Status: Funded (n = 416)	State Funding Status: Non-Funded (n = 100)
Medicaid	11.0*	12.9
Non-Medicaid	11.3	10.5**
Unknown	11.3	13.6

[1]In menstrual weeks, excluding women for whom the gestational age was unknown.

*$p \cong 0.07$ | Compared to gestational age of 12.9 for Medicaid-eligible
**$p < 0.01$ | women in non-funded states

equal numbers of institutions in states which had restricted or had continued public funding for abortion. However, because judicial decisions in several states overturned legislative restrictions of public funds, only 10 of our hospitals were located in states which restricted public funds during the study interval while 14 were located in states which continued to provide public funding. Moreover, institutions in non-funded states tended to serve smaller numbers of women in their obstetric acute-care facilities than those in funded states and thus reported only one-third as many abortion complications as those in funded states.

We had enough observations in non-funded states to have had a 90 per cent probability of detecting a 50 per cent rise in abortion complications among Medicaid-eligible women. Based on previous estimates of the risks of illegal abortion,[2] if 5 per cent of all pregnant Medicaid-eligible women resorted to illegally induced abortion, rather than to legally induced abortion, this situation would have occurred.

However, at least two methodologic features in the research design would bias our results toward being unable to measure a real difference: 1) although we categorized our hospitals as either funded or non-funded depending on the status of funding at the state level, some hospitals elected to use non-federal public funds to subsidize legal abortions even in the absence of state funds; 2) Medicaid-eligible women may be choosing to have illegally induced abortions, and suffering complications, but not going to the hospitals we monitored.

When complications after illegal abortion were detected, they occurred mostly in institutions located along the Texas-Mexico border. These data imply that there are unique circumstances along the border which affect the likelihood of women using illegal channels to terminate their pregnancies. None of these findings can be reasonably explained by the August 1977 restriction of public funds for abortion in Texas. One possible explanation may be a local tradition of obtaining non-physician obstetrical care.[5] Alternatively, women located along the Texas-Mexico border may be more likely to report an illegal abortion.

Our study did not provide data to explain the reason for the later gestational age after legally induced abortions in Medicaid-eligible women observed in non-funded states. For each week of delay, the risk of complications after legally induced abortion increases approximately 20 per cent; the risk of death increases approximately 40 per cent.[6, 7] Thus, if as the data suggest, Medicaid-eligible women are delaying one to two weeks because of lack of public funds, they are increasing their risks of both complications and deaths from their procedures.

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